

# Conditional Use Application

**Town of Clayton Town Hall**

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: clerk@claytonwinnebago.gov

Website: https://www.townofclayton.net/


**Property Owner(s)**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Applicant:**

Check: Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Surveyor: \_\_\_\_\_ Attorney: \_\_\_\_\_ Agent: \_\_\_\_\_ Owner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Describe the reason for the Conditional Use: \_\_\_\_\_

**Conditional Use Specifies:**

Number of Lots: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Tax Key #: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

I certify that the attached drawings are to the best of my knowledge complete and drawn in accordance with all Town of Clayton codes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Town Use Only*
**Fee (see Town Fee Schedule)**

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received Complete: \_\_\_\_\_ By: \_\_\_\_\_ CUP #: \_\_\_\_\_

Review Meetings - Plan Comm \_\_\_\_\_ Town Board \_\_\_\_\_

Newspaper Publication Dates: \_\_\_\_\_ &amp; \_\_\_\_\_ Posting Date: \_\_\_\_\_

300ft Neighborhood Notice Distribution : \_\_\_\_\_

Conditional Use is: ☐ Approved ☐ Denied

Comments: \_\_\_\_\_

Notes: 1. Please notify utility companies regarding your proposed development. 2. A Conditional Use approval does not constitute approval of a building permit or any required approval of a highway connection permit. 3. A Conditional Use Application & Fee must be submitted 30 working days prior to meeting.